

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Item 9 FilmG211 2-28-57 et

00399

CERTIFICATE OF DEATH

Reg. Dist. No. 51

| | | | | | | | |
|--|--|--------------------------------|--|--|--|---|--|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED | | | |
| COUNTY <i>Calvert</i> | | MARYLAND | | STATE <i>Maryland</i> | | COUNTY <i>Calvert</i> | |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Prine Frederick</i> | | LENGTH OF STAY (In this place) | | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Huntingtown</i> | | | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Calvert County Hospital</i> | | | | STREET ADDRESS (If rural give location) | | | |
| 3. NAME OF DECEASED (Type or Print) <i>Carrie E. Bowen</i> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <i>Jan. 1, 1957</i> | | | |
| 5. SEX <i>F</i> | | 6. COLOR OR RACE <i>N</i> | | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>M</i> | | 8. DATE OF BIRTH <i>Aug. 6, 1877</i> | |
| | | | | 9. AGE last birthday <i>79</i> yrs. | | 10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <i>None</i> | | 11. BIRTHPLACE (State or foreign country) <i>Calvert County, Md.</i> | |
| 12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i> | | | | | | | |
| 13. FATHER'S NAME <i>John H. Bowen</i> | | | | 14. MOTHER'S MAIDEN NAME <i>Emma Leitch</i> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i>No</i> (If Yes, give year or dates of service) | | | | 16. SOCIAL SECURITY NO. <i>No</i> | | 17. INFORMANT & ADDRESS <i>Max Bowen - Huntingtown, Md.</i> | |
| 18. MEDICAL CERTIFICATION | | | | | | | |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | | | | | |
| 442X IMMEDIATE CAUSE (A) <i>Hypertension in cardiovascular renal disease</i> | | | | | | | |
| ANTECEDENT CAUSE(S) DUE TO (B) | | | | | | | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO (C) | | | | | | | |
| STATING UNDERLYING CAUSE LAST. | | | | | | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | | | | | |
| 19a. DATE OF OPERATION | | | | 19b. MAJOR FINDINGS OF OPERATION | | | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | | |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | | | 21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from <i>4/1</i> , 19 <i>54</i> , to <i>1/1</i> , 19 <i>55</i> , that I last saw the deceased alive on <i>1/1</i> , 19 <i>57</i> , and that death occurred at <i>4 A.M.</i> , from the causes and on the date stated above. | | | | | | | |
| SIGNATURE <i>[Signature]</i> | | | | ADDRESS (Street, city, town, state) <i>Huntingtown, Md.</i> DATE SIGNED <i>1/3/57</i> | | | |
| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i> | | | | DATE THEREOF <i>Jan 3 1957</i> | | LOCATION (City, town, or county) (State) <i>Huntingtown - Calvert - Md.</i> | |
| 24. REC'D BY REGISTRAR | | | | REGISTRAR'S SIGNATURE <i>H. W. Ward</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE <i>G. A. Hackman & Son - Mutual, Md.</i> | |
| DATE <i>1-3-57</i> | | | | | | | |

CERTIFICATE OF DEATH

Reg. Dist. No.

1. Usual Residence of Deceased

2. Sex

3. Race

4. Age

5. Date of Birth

6. Place of Birth

7. Cause of Death

8. Date of Death

9. Time of Death

10. Place of Death

11. Signature of Physician

12. Signature of Registrar

13. Signature of Coroner

14. Signature of Medical Examiner

15. Signature of Burial Officer

16. Signature of Undertaker

17. Signature of Funeral Home

18. Signature of Cemetery

19. Signature of Burial

20. Signature of Burial

21. Signature of Burial

22. Signature of Burial

23. Signature of Burial

24. Signature of Burial

25. Signature of Burial

26. Signature of Burial

27. Signature of Burial

28. Signature of Burial

29. Signature of Burial

30. Signature of Burial

31. Signature of Burial

32. Signature of Burial

33. Signature of Burial

34. Signature of Burial

35. Signature of Burial

36. Signature of Burial

37. Signature of Burial

38. Signature of Burial

39. Signature of Burial

40. Signature of Burial

BUREAU V. 8

JAN 4 1957

RECEIVED

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00400

Reg. Dist. No. 52

402 Item 9, Film G210, 2/5/57 bh

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Calvert</u> MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE <u>md</u> b. COUNTY <u>Calvert</u> | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Ches Beach</u> | | c. LENGTH OF STAY IN 1b <u>10</u> | |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) | | d. STREET ADDRESS <u>Ches Beach</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Brighton</u> Last <u>Brighton</u> | | 4. DATE OF DEATH Month <u>2</u> Day <u>25</u> Year <u>1957</u> | |
| 5. SEX <u>M</u> | 6. COLOR OF RACE <u>W</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH |
| 9. AGE (In years last birthday) <u>93</u> yrs. | | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (State or foreign country) | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN NAME | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT | | Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] | | | |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Burned when home burned down</u> 916.0 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u> </u> (c) <u> </u> DUE TO | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Found in charred home</u> | | | |
| 20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) <u>Charred</u> | |
| 20c. TIME OF INJURY Month, Day, Year Hour a. m. <u>2</u> <u>11/25</u> <u>1957</u> | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>Home</u> | 20f. City or town (County) (State) <u>Ches Beach</u> <u>md</u> |
| 21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> . | | | |
| ACTUAL SIGNATURE <u>H W Ward</u> | | M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> | |
| EXAMINER'S NAME (Type) <u>H. W. Ward</u> | | ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> | |
| | | DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 22b. DATE THEREOF <u>1/26/57</u> | 22c. NAME OF CEMETERY OR CREMATORY <u>Mt Harmony</u> |
| | | 22d. LOCATION (City, town, or county) (State) <u>Near Purgers Md</u> | |
| 23. FUNERAL DIRECTOR'S SIGNATURE <u>Dr. L. H. Hutchins</u> | | 24. REGISTRAR'S SIGNATURE <u>Grace L. Hutchins</u> | |
| | | DATE <u>1/25/57</u> | |

MEDICAL CERTIFICATION

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please enclose this certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

RECEIVED

FEB 1 1957

BUREAU V. S.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. NAME OF DECEASED: _____
2. SEX: ☐ MALE ☐ FEMALE
3. AGE: _____
4. RACE: _____
5. DATE OF BIRTH: _____
6. PLACE OF BIRTH: _____
7. OCCUPATION: _____
8. CAUSE OF DEATH: _____
9. MANNER OF DEATH: _____
10. SIGNATURE OF EXAMINER: _____
11. DATE OF EXAMINATION: _____

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00401

403

CERTIFICATE OF DEATH

Reg. Dist. No. 51

| | | | | | | | |
|--|----------------------------------|--|--|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Calvert</u> MARYLAND | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Calvert</u> | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Prince Frederick</u> | | | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>X1 Prince Frederick</u> | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Calvert Co., Hospital</u> | | | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Brooks</u> Last <u>Brooks</u> | | | 4. DATE OF DEATH Month <u>I</u> Day <u>II</u> Year <u>1957</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>May 2 1894</u> | | 9. AGE (In years last birthday) <u>63</u> yrs. | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u> | IF UNDER 24 HRS. Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u> </u> | | 11. BIRTHPLACE (State or foreign country) <u>Maryland</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13. FATHER'S NAME <u>Ben Brooks</u> | | | 14. MOTHER'S MAIDEN NAME <u>Suzanna Blake</u> | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u> </u> | | 17. INFORMANT <u>Rufus Brooks (Brother)</u> Address <u>Prince Frederick Md.</u> | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral accident</u> <u>330X</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u> </u> DUE TO (c) <u> </u> DUE TO | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u> </u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u> </u> | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u> </u> | | | | |
| 20c. TIME OF INJURY Month <u> </u> Day <u> </u> Year <u>19</u> Hour a. m. <u> </u> p. m. <u> </u> | | | 20d. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> Not at work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u> </u> | | 20f. (City or town) (County) (State) <u> </u> <u> </u> <u> </u> |
| 21. I certify that I attended the deceased from <u>8 Dec</u> , 19 <u>56</u> to <u>12 Jan</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>10 Jan</u> , 19 <u>57</u> , and that death occurred at <u>2 A</u> M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) <u>Huntingtown</u> DATE SIGNED <u>12 Jan 57</u> ACTUAL SIGNATURE <u>[Signature]</u> M.D. <u>Huntingtown</u> PHYSICIAN'S NAME (Type) <u> </u> | | | | | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) <u> </u> | | 22b. DATE THEREOF <u>1-14-57</u> | | 22c. NAME OF CEMETERY OR CREMATORY <u>St. Olive</u> | | 22d. LOCATION (City, town, or county) (State) <u>Prince Fred</u> <u>md</u> | |
| 23. FUNERAL DIRECTOR'S SIGNATURE <u>P. E. Searell</u> | | | | ADDRESS <u>Pr. Fred</u> | | 24a. REC'D BY REGISTRAR DATE <u>1-14-57</u> | |
| | | | | 24b. REGISTRAR'S SIGNATURE <u>H. W. Ward</u> | | | |

BUREAU V. S.

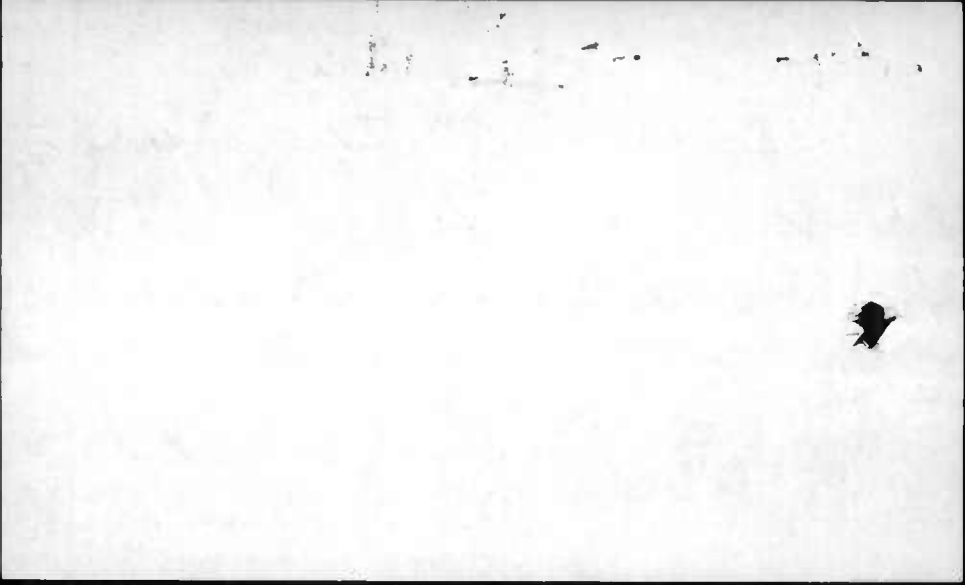
1957 JAN 17

RECEIVED
JAN 17 1957

1/28/57

This is all the information
the Medical Examiner or the
Funeral Director have been
able to ascertain.

Grace L. Hutchins
Deputy Local Registrar



404

CERTIFICATE OF DEATH

Reg. Dist. No. 51

| | | | | | | | |
|---|------------------------------|---|--|--|--|--|--------------------------------------|
| 1. PLACE OF DEATH o. COUNTY <u>Cabaret</u> MARYLAND | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>md</u> b. COUNTY <u>Cabaret</u> | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Huntingtown</u> | | c. LENGTH OF STAY IN 1b <u>30 years</u> | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Huntingtown</u> | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION — | | | | d. STREET ADDRESS — | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>E.</u> Last <u>HATFIELD</u> | | | | 4. DATE OF DEATH Month <u>Jan.</u> Day <u>16</u> Year <u>1957</u> | | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Aug. 28, 1887</u> | | 9. AGE (In years last birthday) <u>69</u> yrs. | IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Owner</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | | 11. BIRTHPLACE (State or foreign country) <u>Carroll County</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. C.</u> | |
| 13. FATHER'S NAME <u>William E. Hatfield</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Ebira ?</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. (If yes, give no. or dates of service) <u>218-12-9878</u> | | 17. INFORMANT <u>Matthe E. Hatfield - Huntingtown, Md.</u> Address | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> <u>181X</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Terminal Illness</u> DUE TO (c) — | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>22 years</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Exhaustion Workaholic type of Arterio Sclerosis</u> | | | | | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u> | | | 20d. INJURY OCCURRED While <input type="checkbox"/> Nat while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) |
| 21. I certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred on _____, 19____, from the causes and on the date stated above. | | | | | | | |
| ACTUAL SIGNATURE <u>Page C. Jett</u> | | | | ADDRESS (Street, city or town, state) <u>Prince Frederick, Md</u> | | DATE SIGNED <u>1/18/57</u> | |
| PHYSICIAN'S NAME (Type) <u>PAGE C. JETT</u> | | | | | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 22b. DATE THEREOF <u>Jan. 18, 1957</u> | | 22c. NAME OF CEMETERY OR CREMATORY <u>Miranda Cemetery</u> | | 22d. LOCATION (City, town, or county) (State) <u>Huntingtown Cabaret Co - Md</u> | |
| 23. FUNERAL DIRECTOR'S SIGNATURE <u>G. A. Harkness & Son - Mutual, Md.</u> | | | | 24a. REC'D BY REGISTRAR DATE <u>1-18-57</u> | | 24b. REGISTRAR'S SIGNATURE <u>H. W. Ward</u> | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

| | | | |
|--------------------------------|--|--------------------------------------|--|
| PLACE OF BIRTH _____ | | PLACE OF DEATH _____ | |
| DATE OF BIRTH _____ | | DATE OF DEATH _____ | |
| SEX _____ | | RACE _____ | |
| OCCUPATION _____ | | CAUSE OF DEATH _____ | |
| MANNER OF DEATH _____ | | MEDICAL HISTORY _____ | |
| NAME OF DECEASED _____ | | NAME OF ATTENDING PHYSICIAN _____ | |
| ADDRESS _____ | | CITY _____ | |
| COUNTY _____ | | STATE _____ | |
| SIGNATURE OF DECEASED _____ | | SIGNATURE OF PHYSICIAN _____ | |
| SIGNATURE OF WITNESS _____ | | SIGNATURE OF REGISTRAR _____ | |

BUREAU V. 3

JAN 21 1957

RECEIVED

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 52

| | | | | | | | |
|---|------------------------------|---|---------------------------------------|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Calvert</u> MARYLAND | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>md</u> b. COUNTY <u>Calvert</u> | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Dunkirk</u> | | c. LENGTH OF STAY IN 1b <u>10 yrs.</u> | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Dunkirk</u> | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) | | | | d. STREET ADDRESS | | | |
| 3. NAME OF DECEASED (Type or print) First <u>John B.</u> Middle <u>Howard</u> Last | | | | 4. DATE OF DEATH Month <u>1</u> Day <u>10</u> Year <u>1957</u> | | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Oct 7 1911</u> | 9. AGE (In years last birthday) <u>45</u> yrs. | IF UNDER 1 YEAR Months <u></u> Days <u></u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Tenant</u> | | 11. BIRTHPLACE (State or foreign country) <u>md</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>Charles T. Howard</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Eugene M. Collector</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. <u>579-031570</u> | | 17. INFORMANT <u>Charles Howard, Shady Side</u> Address | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Drowned</u> 929.8 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u></u> DUE TO (c) <u></u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ia) <u>Drowned while duck hunting in mud stream</u> | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH. | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Was duck hunting</u> | | | | | |
| 20c. TIME OF INJURY Month, Day, Year <u>12 14 1957</u> | | 20d. INJURY OCCURRED While <input checked="" type="checkbox"/> Not while <input type="checkbox"/> at work at work | | 20e. PLACE OF INJURY (Home, farm, factory, hotel, office bldg., etc.) <u>at home</u> | | 20f. (City or town) (County) (State) <u>Dunkirk Calvert md</u> | |
| 21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> . | | | | | | | |
| ACTUAL SIGNATURE <u>H. W. Ward</u> | | | | M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> | | | |
| EXAMINER'S NAME (Type) <u>H. W. Ward</u> | | | | ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> | | | |
| | | | | DEPUTY MEDICAL EXAMINER <input type="checkbox"/> | | | |
| 22a. BURIAL CREMATION, (Specify) <u>Burial</u> | | 22b. DATE THEREOF <u>11/13/57</u> | | 22c. NAME OF CEMETERY OR CREMATORY <u>Int Zion</u> | | 22d. LOCATION (City, town, or county) (State) <u>Folkeston md</u> | |
| 23. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Decker Owings Md</u> | | | | 24a. REC'D BY REGISTRAR <u>11/12/57</u> | | 24b. REGISTRAR'S SIGNATURE <u>Grace L. Hutchins</u> | |

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute this certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

JAN 17 1957

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
406
CERTIFICATE OF DEATH

00404
51

Reg. Dist. No.

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|---|--|--|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY CALVERT MARYLAND | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE M.D. b. COUNTY CALVERT | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PRINCE FREDERICK | | | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) XI HUNTINGTOWN | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 64 CALVERT COUNTY HOSPITAL | | | | d. STREET ADDRESS — | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First CARRIE Middle W. Last MEADE | | | | 4. DATE OF DEATH Month JAN. Day 27 Year 1957 | | | |
| 5. SEX F | | 6. COLOR OR RACE W | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH SEPT. 24, 1873 | |
| 9. AGE (In years last birthday) 83 yrs. | | IF UNDER 1 YEAR Months 4 Days 3 | | IF UNDER 24 HRS. Hours — Min. — | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | | | 10b. KIND OF BUSINESS OR INDUSTRY HOME | | 11. BIRTHPLACE (State or foreign country) CALVERT COUNTY, MD | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | | | |
| 13. FATHER'S NAME JAMES GIBSON | | | | 14. MOTHER'S MAIDEN NAME ANNIE WEEMS | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. No | | 17. INFORMANT CLAIBORNE MEADE - HUNTINGTOWN, MD | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia 422.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Art Sclerotic C.V. disease DUE TO (c) Arteriosclerosis | | | | | | INTERVAL BETWEEN ONSET AND DEATH 6 months | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19 | | | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | |
| 20f. (City or town) (County) (State) | | | | | | | |
| 21. I certify that I attended the deceased from Jan 24 , 1957, to Jan 27 , 1957, that I last saw the deceased alive on Jan 27 , 1957, and that death occurred at 11:30 M, from the causes and on the date stated above. | | | | | | | |
| ACTUAL SIGNATURE Ray Jett | | | | ADDRESS (Street, city or town, state) PRINCE FREDERICK | | | |
| PHYSICIAN'S NAME (Type) PAGE C. JETT | | | | DATE SIGNED 1-28-57 | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 22b. DATE THEREOF JAN. 30, 1957 | | 22c. NAME OF CEMETERY OR CREMATORY MIRANDA CEMETERY | | 22d. LOCATION (City, town, or county) (State) HUNTINGTOWN - MD. | |
| 23. FUNERAL DIRECTOR'S SIGNATURE A.A. HARKNESS & SON - MUTUAL, MD | | | | 24a. REC'D BY REGISTRAR DATE 1-30-57 | | 24b. REGISTRAR'S SIGNATURE A. J. H. Harkness | |

CERTIFICATE OF DEATH

Form with multiple sections for recording death information, including fields for name, age, sex, race, and cause of death. The form is partially filled out with handwritten text.

RECEIVED
JAN 31 1957
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00405

Reg. Dist. No. 51

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| 1. PLACE OF DEATH a. COUNTY <u>Calvert</u> MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MD</u> b. COUNTY <u>Robertson</u> | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Prince Frederick</u> | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Red Springs</u> | |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>Calvert Co</u> | | d. STREET ADDRESS <u>702-3</u> | |
| 3. NAME OF DECEASED (Type or print) <u>Kingston David Phillips</u> | | 4. DATE OF DEATH <u>17 4 19 57</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Jan 11 '92</u> |
| 9. AGE (In years last birthday) <u>64</u> yrs. | | 10. IF UNDER 1 YEAR <u>Months</u> <u>Days</u> <u>Hours</u> <u>Min.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) <u>Carpenter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u> | |
| 11. BIRTH PLACE (State or foreign country) <u>N.C.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>N.C.</u> | |
| 13. FATHER'S NAME <u>Herbert A Phillips</u> | | 14. MOTHER'S MAIDEN NAME <u>Mary Ma Moore</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>William D Phillips, Ches. Beach Md</u> | |
| 17. INFORMATION <u>Address</u> | | 18. CAUSE OF DEATH [Enter only one cause per line for (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>467.2 Internal hemorrhage</u> DUE TO (b) <u>Had hemorrhage of stomach</u> DUE TO (c) <u>Had hemorrhage of stomach</u> | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | 20c. TIME OF INJURY Month, Day, Year <u>19</u> | |
| 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | |
| 20f. (City or town) (County) (State) | | 21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/> . | |
| ACTUAL SIGNATURE <u>H W Ward</u> | | M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> | |
| EXAMINER'S NAME (Type) <u>H. W. WARD</u> | | ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> | |
| DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> | | DATE SIGNED <u>11/5/57</u> | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 22b. DATE THEREOF <u>Jan. 8, 1957</u> | |
| 22c. NAME OF CEMETERY OR CREMATORY <u>Alloway Cemetery</u> | | 22d. LOCATION (City, town, or County) <u>Robertson Co. N.C.</u> | |
| 23. FUNERAL DIRECTOR'S SIGNATURE <u>A. A. Tackness & Son - Marshall, Md</u> | | 24a. REC'D BY REGISTRAR <u>H. W. Ward</u> | |
| 24b. REGISTRAR'S SIGNATURE | | DATE <u>1-7-57</u> | |

MEDICAL CERTIFICATION

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please enclose this certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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| NAME OF DECEASED | | AGE | | SEX | | RACE | | RELIGION | | MARRIAGE | | EDUCATION | | OCCUPATION | | RESIDENCE | | DATE OF DEATH | | PLACE OF DEATH | | CAUSE OF DEATH | | MANNER OF DEATH | | SIGNATURE OF EXAMINER | | DATE | |
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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bereaved copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

408

00406

Reg. Dist. No. 52

| | | | | | | | |
|--|------------------|--|---------------------|---|-----------------|---|------------|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED | | | |
| COUNTY <u>Calvert</u> | | MARYLAND | | STATE <u>Maryland</u> | | COUNTY <u>Calvert</u> | |
| CITY (If outside corporate limits, write RURAL and give nearest town) | | LENGTH OF STAY (in this place) | | CITY (If outside corporate limits, write RURAL and give nearest town) | | | |
| TOWN <u>Paris</u> | | <u>50 yrs.</u> | | TOWN <u>Paris</u> | | | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | | | | STREET ADDRESS (If rural give location) | | | |
| 3. NAME OF DECEASED (Type or Print) | | | | 4. DATE OF DEATH | | | |
| (First) <u>LEWIS</u> | | (Middle) <u>EDWARD</u> | | (Last) <u>SEARS</u> | | (Month) (Day) (Year) | |
| | | | | | | <u>January 5, 19 57</u> | |
| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR | | |
| <u>Male</u> | <u>white</u> | <u>Married</u> | <u>May 30, 1906</u> | <u>50</u> yrs. | Months | Days | Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) | | 12. CITIZEN OF WHAT COUNTRY? | |
| <u>Farmer</u> | | <u>Farmer owner</u> | | <u>Maryland</u> | | | |
| 13. FATHER'S NAME | | | | 14. MOTHER'S MAIDEN NAME | | | |
| <u>Lee Sears</u> | | | | <u>Mary Taylor</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT & ADDRESS | | | |
| | | <u>218-12-9047</u> | | <u>William Spicer, Owings, Maryland</u> | | | |
| 18. MEDICAL CERTIFICATION | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | | | | | |
| 1634 IMMEDIATE CAUSE (A) <u>Carcinoma of Lung</u> | | | | | | | |
| ANTECEDENT CAUSE(S) DUE TO | | | | | | | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE | | | | | | | |
| STATING UNDERLYING CAUSE LAST. DUE TO | | | | | | | |
| (C) | | | | | | | |
| 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | | 21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>4/1</u> 19 <u>56</u> , to <u>1/5</u> 19 <u>57</u> , that I last saw the deceased alive on <u>1/5</u> 19 <u>57</u> , and that death occurred at <u>6 p</u> M, from the causes and on the date stated above. | | | | | | | |
| SIGNATURE <u>J. Weems</u> | | M.D. <u>Wm H. Hutchins</u> | | ADDRESS (Street, city, town, state) <u>Owings, Maryland</u> | | DATE SIGNED <u>1/6/57</u> | |
| 23. BURIAL, CREMATION, REMOVAL (Specify) | | DATE THEREOF | | NAME OF CEMETERY OR CREMATORY | | LOCATION (City, town, or county) (State) | |
| <u>Burial</u> | | <u>1/8/57</u> | | <u>Mount Harmony</u> | | <u>Near Owings, Maryland</u> | |
| 24. REC'D BY REGISTRAR | | REGISTRAR'S SIGNATURE | | 25. FUNERAL DIRECTOR'S SIGNATURE | | ADDRESS | |
| DATE <u>Jan. 6, 1957</u> | | <u>Grace L. Hutchins</u> | | <u>Wm H. Hutchins</u> | | <u>Owings, Maryland</u> | |

BUREAU V.

JAN 14 1957

RECEIVED